

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re. Patent Application of:)	
James A. Masterson)	
)	
)	
Filed: Simultaneously Herewith)	Examiner:
)	Group Art Unit:
Serial No:)	
)	
For: METHOD & APPARATUS FOR)	
SEPARATING AND NEUTRALIZING)	
AMMONIA)	
)	
Atty. Ref. No.: 133PA0203)	

**M.S. Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir or Madam:

PETITION TO MAKE SPECIAL UNDER 37 CFR § 1.101 (a)

It is respectfully requested that the patent application identified above be made special pursuant to 37 CFR § 1.101 (a) and § 708.02 of the Manual of Patent Examining Procedures (MPEP). The basis for this Petition is that the applicant/inventor, James A. Masterson, is over the age of sixty-five (65) years, and therefore, qualifies for the designation. In support of this Petition to Make Special, the applicant hereby submits an Affidavit by Inventor James A. Masterson, which in turn references a photocopy of Mr. Masterson's birth certificate, showing his birth date to be March 6, 1938. The applicant requests that these materials be incorporated by

reference to this petition.

In keeping with 37 CFR § 1.102 (c), no fee is required for a Petition to Make Special on grounds of the applicant's age.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert R. Waters", written over a horizontal line.

ROBERT R. WATERS, ESQ.
REG. NO. 43,241

WATERS LAW OFFICE, PLLC
10503 TIMBERWOOD CIRCLE
SUITE 116
LOUISVILLE, KY 20223

PETITION TO MAKE SPECIAL UNDER 37 CFR §1.101 (a)

AFFIDAVIT TO INVENTOR JAMES A. MASTERSON

I, James A. Masterson, hereby declare that I am a citizen of the United States of America, and that my residence and post office address are as stated next to my name at the bottom of this page. I hereby attest that I am over the age of sixty-five (65) years, as evidenced by my birth certificate which is attached to this Affidavit. I hereby attest that the enclosed birth certificate is a true and accurate photocopy of my original birth certificate, and I am the person identified in that birth certificate.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful or false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: James A. Masterson

Date: 03-22-04

Residence: LOUISVILLE KY

Citizenship: USA

Inventor's signature: James A. Masterson

STATE OF KENTUCKY,

COUNTY OF Jefferson:

The foregoing instrument was acknowledged before me this 22nd day of March, 2004, by James A. Masterson.

My commission expires February 23, 2006.

Sheila R. Van Meter

NOTARY PUBLIC

BEST AVAILABLE COPY

COMMONWEALTH OF KENTUCKY
State Department of Health, Louisville, Ky.
BUREAU OF VITAL STATISTICS
NO. 4252
CERTIFIED PHOTOSTATIC COPY OF
RECORD of BIRTH

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
14143
CERTIFICATE OF BIRTH

Place of Birth
Pct. of Row 24
Town of
St.
Ward
Registration District No. 7100
Primary Registration District No. 2442
File No.
Registered No.

Birth occurs in a hospital or other institution
name of same, instead of street and number.

FULL NAME OF CHILD James Arthur Masterson

4. Legitimacy Yes 5. Twin, triplet, or other Yes 7. Premature Yes 8. Date of birth Mar 6 1938
6. Number in order of birth 1 9. POST OFFICE Row 24 10. Color or race W 11. Age at last birthday 24 (Years) 12. Color or race W 13. Age at last birthday 21 (Years) 14. Birthplace Row 24 15. Occupation Housekeeper 16. Date (month and year) last engaged in this work 1938 17. Total time (years) spent in this work 10 18. Total time (years) spent in this work 10

FATHER Richard Nelson Masterson MOTHER Clarence Bernice Hornbaker

19. POST OFFICE Row 24 20. Color or race W 21. Age at last birthday 21 (Years) 22. Birthplace Row 24 23. Occupation Housekeeper 24. Date (month and year) last engaged in this work 1938 25. Total time (years) spent in this work 10

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. Cause of Stillbirth Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) 1938 m. on the date above stated.
If there was no attending physician or midwife, then the father, householder, or should make this return.
(Signed) Edward M. Mudd M. D.
or Martha Greenwell Midwife
(Date of) Mar 6 1938
Registrar. Mar 6 1938

I, J. P. Blackerby, State Registrar of Vital Statistics
hereby certify that the above is a true and correct photostatic
copy of the certificate of birth of the person therein named,
and that the original certificate is registered under the above
file number,

In testimony whereof I have hereunto subscribed my
name and caused the official seal of the State Board of Health
to be affixed at Louisville, Kentucky this 10 day of
March 1956

J. P. Blackerby, State Registrar